



Allegany
Franciscan
Ministries

2018 Major Grant General Operating Support Application Instructions

In order to apply for a Major Grant, organizations must have submitted a Letter Of Intent (LOI) and subsequently been invited to submit a Major Grant full application.

Please review once again the information provided on our website (www.afmfl.org) regarding Allegany Franciscan Ministries' mission, goals and priorities for this grant cycle. That information is not repeated in these instructions. Our mission, values, goals and priorities will drive our decision-making throughout this process.

Use this document as you respond to the questions in the online application. Each question is further defined and additional prompts are provided in these instructions, which will help you to submit a robust and successful application. We have invited about 30 organizations to submit a full application, and will have enough funding to support up to twelve.

Need More Help? If at any time you have questions, please contact us after checking our website and FAQs for answers! Questions and responses of general interest may be shared as a resource to all applicants. Do not wait until the week the application is due; we may not be available when you need us if you wait until then.

A recording of the webinar provided on January 12, 2018 will be posted on our website, along with a PDF of the webinar presentation. These resources may provide additional useful information.

For technical support with the online application system, please call us at 727-507-9668. All other questions, please contact the following regional vice presidents:

- Palm Beach, Martin, St. Lucie Counties: Upendo Shabazz, ushabazz@afmfl.org, 561-802-9013
- Hillsborough, Pinellas Counties: Cheri Wright-Jones, cwrightjones@afmfl.org, 813-685-3232
- Miami-Dade County: Daniel Gibson, dgibson@afmfl.org, 305-860-1441

Key Dates:

Deadline to Submit Full Application	February 22, 2018	Online application must be submitted by 12 pm (noon).
Site Visits/Meetings	April & May 2018	Not all applicants will receive a site visit or meeting; we will be in touch with you should we wish to schedule one.
Decisions Announced	By June 29, 2018	Allegany will work with partners after final decisions on budgets and outcomes.
Grant Period Begins	July or August 2018	Organizations may identify a later start date.

A few tips up front:

- I. Read through these instructions completely before beginning.
- II. We urge you to submit your application prior to the deadline to avoid unexpected last minute problems or transmission delays. Applications received electronically after 12 pm (noon) on February 22, 2018 will not be considered. DO NOT WAIT to begin work on your application!
- III. We use an online grant application. This is the same system you used to submit the LOI. The full application is much longer and we expect more detailed, thorough answers. In addition, there are several documents that you must download, complete and then upload to the system.
- IV. Be aware that the system limits your response to *characters* – including all letters, punctuation marks, and spaces. We recognize that these limits may be frustrating. We suggest that you first complete your responses in a separate document to track characters and then paste into the appropriate field in the online system. Once you have pasted a response into the application, click on “*Save Application*” to be sure your work is saved. Re-read the text you have pasted; sometimes programs do funny things with formatting such as combining words or adding lines.
- V. It is not necessary that you use all the space provided – answer the questions in sufficient detail and breadth, without adding or repeating information just to fill space. The character count for the question will give you a sense of how much detail we want.
- VI. Certain questions have been auto-populated from your LOI and will be “Read Only”. If you need to edit a “read only” question please contact your regional vice president listed on page 1.
- VII. In the online application, an asterisk (*) by the question means a response is required.

The Questions:

The first set of questions refers to your organization; the second set is specific to your request for general operating support. We recognize that since general operating support funding will help your organization, rather than a specific program, there may be overlap between these two sections. It is not necessary to repeat information.

Organizational Information

Chief Executive Contact Information. [250 characters allowed]

Include name, title, e-mail address, and phone number.

Organization Web Address. [50 characters allowed]

Provide the url for your organization's website.

Contact Person for This Grant. [350 characters allowed]

Include name, title, e-mail address, and phone number. Please be sure that the primary contact is authorized to correspond on behalf of the organization.

Please provide information for a contact person; this should be someone who you expect will be able to answer a majority of the questions about the application, not an outside consultant or external grantwriter.

Mission Statement. *Read Only question, auto-populated from your LOI.*

Provide your mission statement.

Mission Alignment. *Read Only question, auto-populated from your LOI.*

How does your organization's mission align with Allegheny Franciscan Ministries' Mission and Strategies?

Organizational Structure. [2000 characters allowed]

What is your governance and management structure?

Describe how your organization's management is structured for effective operations. Describe how reflective your organization is of the community you serve, and how you approach recruitment for board and staff from a perspective of inclusion. This is also a great opportunity to share how engaged your board is in supporting and governing your organization. Tell us about your board composition, active committees, and your board meetings; share an example or two that demonstrates how the board supports the organization.

What population, specifically, does your organization serve? [2500 characters allowed]

In this response, be as specific as possible about those who are served by your organization. You may not have all the data; tell us what you do know. How many persons do you serve? In which communities (county, towns, etc.) do they live? Provide demographic (such as race and ethnicity, age, gender, income and educational levels), health, and socioeconomic information for the population served. Cite source of your data.

Client Engagement. [2000 characters allowed]

How are persons served and other stakeholders engaged with the organization?

How do you involve the persons you serve, and other stakeholders, in planning and continuing improvement of services? If persons served are not directly involved with your organization, please describe how you know that you are addressing their needs, how you communicate with them, and how they communicate with your organization.

Dignity of the Person. [1000 characters allowed]

How does your organization address or ensure the dignity of the person?

In the question above, you described how your organization engages clients and stakeholders. Here, please describe other ways that your organization is person-centered, addresses the dignity of the human person, honors and shows respect for all, or protects the dignity of the person when it is threatened.

Community Assets. [1000 characters allowed]

What other organizations are providing complementary health or human services to the persons your organization serves?

We are interested in knowing who else is doing similar work, whether or not directly impacting the community you serve. We are also interested in knowing who else is serving the same, or some of the same, persons that you serve, even if the other organization addresses different needs. If you partner with these entities, you may describe the partnership in your answer to the next question.

Collaborative and Community Partners. [2000 characters allowed]

Describe your primary community partners. If you are not working with any other organizations or partners please explain why.

We are most interested in major partners critical to the success of your organization. Describe the level of formal collaboration, if any, and the roles/responsibilities of your major partners. Why have you chosen these partners, what do they bring to the table, and how do they help you to achieve your mission? What other opportunities for partnership might you explore in the future? You may have multiple other partners; feel free to describe them at least in summary terms.

Organizational Budget Most Recent Completed. [Upload file should not exceed 3 MB]

Upload the organization's budget using your existing format for the last completed year.

Following the instructions to "upload" a file, upload your organization's immediate past year, actual budget in the format used by the organization. The budget should include both revenue and expenses, and represent the *actual* final expenses and revenue for the year. For most organizations this will be a budget for a fiscal year ending in June 2017, September 2017 or December 2017.

Organizational Budget Current. [Upload file should not exceed 3 MB]

Upload the organization's current year budget using your existing format.

Following the instructions to upload a file, provide your organization's current budget in the format used by the organization. The document should include budgeted revenue and expenses.

Current Audit. [Upload file should not exceed 5 MB]

Upload the organization's most recent Audited Financial Statement with accompanying notes and management letter.

Following the instructions to upload a file, provide your organization's last independent audit report. An Audited Financial Statement with accompanying notes and management letter is required; if you do not have one, or if your audit is more than a year old, please contact your regional vice president listed on page 1 immediately. You will also be required to have an audit for each year during which you have an active Allegany Franciscan Ministries grant.

Strategic Plan. [Upload file should not exceed 3 MB]

Upload the organization's current strategic or business plan, if any.

If you have a strategic plan or business plan, upload the document here.

Please note that we will review your organization's IRS Form 990. It is not, however, necessary for you to submit your Form 990 directly to us.

General Operating Request Information

Please answer the next set of questions from an organizational or key programs perspective, and as appropriate address the specific items to which you will direct grant funds.

Request Name.

Do not include the organization's name in the Request Name. The name can be "General Operating Support".

This should be the same name used in the LOI. The Request Name should not use quotations or all caps.

Need. *Read Only question, auto-populated from your LOI.*

What organizational needs will the funding address? How did you assess these needs?

Request Summary. *Read Only question, auto-populated from your LOI.*

Describe your request for general operating support. How will this operating support grant help to advance your mission?

Request Summary Update. [2500 characters allowed]

Use this section to add detail to the summary above which was auto-populated from your LOI.

Describe in more detail how this funding will help you to achieve your mission and strategic outcomes.

Organizational Planning Alignment. [2500 characters allowed]

What are the main organizational strategies and activities that will be supported with these funds?

Describe how the funds will be used to address the organization's strategic plan or other identified plans. If you have a written plan, you should have uploaded it. If you do not have a written plan, please explain how you've identified your main strategies or priorities.

Focus of Allegany Grant Funds. [2000 characters allowed]

How will these funds help your organization to increase access to health services and/or improve the overall health status of underserved communities?

Describe how your organization in general aligns with the focus of Allegany Franciscan Ministries' Major Grant Program, to increase access to health services and/or improve the overall health status of underserved communities.

Impact. [2000 characters allowed]

Describe what you expect to change as a result of receiving this general operating support grant.

Later in this application, you will be asked to identify specific measures of success. Here, please tell us about what you expect to maintain, change, or be enhanced for your organization, community, or those you serve as a result of this grant. How will you know whether these changes or benefits occurred?

Additional Questions. [3000 characters allowed]

Use this space to respond to any additional question(s) the Allegany regional vice president has provided to you.

In some cases, our review of the LOIs raised specific questions. If this is the case, the regional vice president will share those questions. Please write the question(s) here and provide a brief but complete response. If the question is more easily answered as part of an earlier application response, please note here where the answer can be found.

Total Amount Requested from Allegany Franciscan Ministries. *Read Only question, auto-populated from your LOI.*

If you need to change the Amount Requested, please contact us. We understand that that the amount requested may have changed as plans have developed since the LOI was submitted. In addition, Allegany's regional vice president may have directed you to consider a different amount.

Length of Grant. Choose one: 12 months or 24 months. *Read Only question, auto-populated from your LOI.*

Beginning Date (no earlier than July 2018).

Use month/year format (xx/yyyy).

Indicate the date that the grant funds will begin to be utilized. Most will begin in August 2018, but in some cases an earlier or later start is possible.

General Operating Support Budget

There are two budget forms you must complete, a *Budget Summary Form* (Excel® document) and a *Budget Narrative Form* (Word® document). If you are requesting a two-year grant, you must complete a separate *Budget Summary Form* for each year, and you may elect to use one or two sheets for the *Budget Narrative Form*.

Download the *Budget Summary Form* and the *Budget Narrative Form* from the application. Save the forms on your system while you complete them, and then upload following the instructions provided on our website. For help downloading and uploading documents [Click Here](#). You can also access these instructions by typing this URL into your web browser:

<http://afmfl.org/wp-content/uploads/2016/08/Online-application-instructions-website.pdf>.

Budget Summary Form

This Excel® document has a separate sheet for each year – the tabs are labeled YEAR 1 and YEAR 2. If your request is for one year, you will only complete one form.

Top of Form. The organization name, request title, and grant period should match those listed on earlier sections of the application.

Budget Category/Line Item. This column lists the budget line items. If you have expenses that are not listed, choose the one that is the closest fit, or use the “Other” line, and explain the expense on the *Budget Narrative Form*. Most expenses for general operating support will fit in the listed line items.

Total Organizational Budget and Use of Allegany Franciscan Ministries Grant. In the column labeled "Total Organizational Budget", please provide your *projected* organizational budget for the 12-month grant period, by general line item. We are interested in having an overall understanding of your proposed budget; please don't be too concerned if it isn't exact, or if it changes over the coming months.

In the column labeled "Allegany Franciscan Ministries Grant", list the portion of each expense that is being requested from Allegany Franciscan Ministries. Note, as a general operating support grant you may choose to “spread” the grant equally across all organizational budget line items, or use more or less funds for one or more specific line items.

Here is what the *Budget Summary Form* you will download looks like (turn to next page):

Allegany Franciscan Ministries		
FY18 Major Grant General Operating Support Application		
BUDGET SUMMARY FORM - YEAR 1		
Organization Name: _____		
Request Name: _____		
FROM (date): _____ TO (date): _____		
Budget Category/Line Item	Organizational Budget - Total	Allegany Franciscan Ministries Grant
Personnel <i>(salaries, wages, benefits, payroll taxes etc for all personnel involved in project)</i>		
Equipment <i>(computers, furniture, etc., less than \$3,000 per item)</i>		
Supplies		
Occupancy <i>(rent, mortgage, utilities, telephone, internet, etc. assigned as project expense)</i>		
Local Travel <i>(mileage, tolls, parking for regular local travel)</i>		
Training <i>(staff development, conferences, long distance travel)</i>		
Design, Printing & Postage		
Capital <i>(Buildings, vehicles, equipment \$3,000 or more per item. Not an allowable expense for grant funds.)</i>		
Purchased Services <i>(consultants, legal, accounting services, etc.)</i>		
Other		
TOTAL	0	0

Budget Narrative Form

Use this document to provide additional detail about the proposed budget. In the first section, describe each line item listed on the *Budget Summary Form* and the portion requested of Allegany Franciscan Ministries. Examples could include:

- The grant will be used to offset 10% of all operational funds over the course of the year.
- All grant funds will be used to support salaries and health care insurance benefits; specifically for the following three positions: 15% of Executive Director (\$18,000), 15% of Finance Officer (\$13,000, and 20% of six program and admin positions not covered by grants (\$62,000).
- The grant will cover facility expenses of our new building during the first year of operations while we develop a longer-term business plan for sustainability, including \$6,000 of total \$12,000 monthly mortgage expense, \$1,500 monthly utilities, and \$10,000 annual hurricane and business interruption insurance.

In the next section, please provide an explanation of the different sources of revenue your organization expects for the funding year. The purpose of this narrative is to help us understand the diversity of your revenue and any restrictions; while it should generally match the *Budget Summary Form*, we understand that these are projections so please do not worry if you can't account for every penny.

Grants. List the grants and total dollar amount (government and other funder) that your organization expects to receive during the grant period, including the name of the funder and a very brief description of what the grant supports (e.g., name of program(s) funded, portion of general operations, etc.).

Fundraising. Identify total dollars raised excluding grants, describing the type of fundraising (such as golf tournament, annual appeal, etc.) along with what expenses or programs the funds are raised to support.

Other. Describe the other types of revenue your organization has, and total dollar amount/value. This could include social enterprise, in-kind support and anything else that you would not consider grants or fundraising.

Success Measures

The *Success Measures Form* is available for you to download as a Word® document. Download, complete, save, and upload the completed form(s). Use the form to provide your expected outcomes, indicators, activities and measurement plan. The completed form may not exceed one page (single spaced) for each year. If this is more than a one year funding request, provide a separate *Success Measures Form* for each year. Please review these instructions before completing the *Success Measures Form*. Be sure that your activities and outcomes tie back to your application narrative. If your request is approved, we will provide evaluation technical assistance and work with you to finalize your success measures.

Outcomes: improvement and/or change in knowledge, skills, attitudes, or behavior. Outcomes may also refer to desired changes in a community or in an organization. *In the first column, provide up to three outcomes, one in each row of the table.* Your application will not be rated on the number you provide, but on their quality and relevance. We recognize that you may have more than three expected outcomes; please share no more than three of the most relevant. It is not necessary to create new outcomes for this grant; if you are reporting results for your own purposes or other funders, please consider using that data.

Indicators and measurement: the specific items used to track success. Information that “indicates” how well the organization is doing regarding an outcome: the specific, observable, measurable characteristic or change that will represent achievement of the outcome. There will be at least one indicator for each outcome. Indicators describe observable, measureable characteristics or changes. An indicator should include the specific characteristic measured, what data tool is used, when it is measured, and who collects the data. *In the second column of the form, please indicate the specific statistic you will track to determine your success on each outcome, and the data tool you will use to collect this data.*

Activities: what an organization does with its resources to fulfill its mission. *In the third column, labeled Activities, for each outcome listed in the first column, identify the 3 - 5 main activities from your proposal that will lead to your outcomes.* The goal is to provide a high level summary of how what you are proposing to implement reasonably and logically links to what you hope to achieve for your organization, clients or communities.

Measurement plan: the processes you will use to realize the desired changes or improvements; states any sampling strategies, how the data is entered, how you will analyze the characteristics to assess whether you were successful, and how data is reported. Examples could include:

- Board members will complete a fundraising activity checklist before training and six months after. We will compare the number of activities to show the increase.
- We will compare how long it takes clients to enroll before the new software using paper documentation to after the new software using system-generated reports.

In the fourth column, describe your measurement plan. For example, how often will you administer your data tool? How will you assess whether you were successful?

Here is what the *Success Measures Form* you will download looks like:

Allegany Franciscan Ministries FY18 Major Grant Application SUCCESS MEASURES FORM			
Organization Name:		Request Name/Project Name:	
Year: From (month/year):		To (month/year):	
Outcomes	Indicators	Activities	Measurement plan

complete one page – and one page only - per year of grant

Certification and Signature Form

Download the *Certification and Signature Form* from the application – it is a PDF. Three signatures are required: the chief executive of the organization, the current board of directors Chair or Vice Chair, and the chief financial officer (or equivalent).

Here is what the *Certification and Signature Form* you will download looks like:

ALLEGANY FRANCISCAN MINISTRIES
FY18 MAJOR GRANT APPLICATION

CERTIFICATION and SIGNATURE FORM

I understand that, if a grant is awarded, the organization will be advised of the amount and the complete and final terms of the grant. The organization will be prepared to enter into an agreement with Allegany Franciscan Ministries, Inc. and to comply with all terms and conditions of the grant.

I certify that the organization submitting this grant application has received a ruling from the Internal Revenue Service confirming that the organization is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code and that the organization is not a private foundation as defined in section 509(a) of the Internal Revenue Code.

I authorize Allegany Franciscan Ministries to use any information provided in this application for funding at its discretion, even if a grant is not awarded.

By signing below, I certify that all information included in the application for funding is true and correct to the best of my knowledge.

Organization: _____

Chief Executive of Organization

Signature: _____ Date: _____

Name and Title Printed: _____

Chief Financial Officer or Board Treasurer of Organization

Signature: _____ Date: _____

Name and Title Printed: _____

Board of Directors Chair or Vice Chair

Signature: _____ Date: _____

Name and Title Printed: _____

You Are Nearly Finished!! Hooray!

Before you submit your application, print it and ask someone else – preferably someone who is not affiliated with your organization or project – to read it. Does it make sense ... can they understand clearly what you are trying to do? Get honest feedback and rewrite as necessary!

Double-check that your uploads have saved. When you are positive that your application is complete and there are no more changes, click “*Submit Application*” on the top left hand side of the page.

Thank you and God Bless You!